

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR LICENSURE
PHARMACIST

DOPL-AP-009 REV 11/12/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and the level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit an official transcript including your date of graduation and degree earned from a pharmacy school accredited by the American Council on Pharmaceutical Education.

If your pharmacy education was completed at a foreign pharmacy school, submit a certification of equivalency from the Foreign Pharmacy Graduate Examination Committee of the NABP Foundation. (See “Additional Important Information” below.)

2. Submit one or more of the following to document that you meet the 1,500-hour internship requirement. (See “Additional Important Information” below.)

- ☐ Official form(s) from the Utah State Board of Pharmacy or a pharmacy licensing board in another state or jurisdiction of the United States delineating the number of approved hours.
- ☐ “Hours for Professional Experience Courses” form(s) and corresponding “Pharmacy Intern Hours Log” form(s), if practicing as an intern in Utah.

NOTE: These forms are located in the Pharmacy Intern application.

3. Submit one of the following to document that you have passed the NAPLEX.

- ☐ The original letter from Experior documenting your passing score.
- ☐ An official score report from NABP, if you took NAPLEX in another state.

Request that NABP transfer your passing score to Utah by completing a “Score Transfer Form.”

4. Submit the original letter from Experior documenting your passing score on the MPJE.
5. If applying by endorsement, submit an “Official Application” through the Licensure Transfer program administered by NABP to document your meeting the education, internship, and NAPLEX requirements. See “Additional Important Information” below.
6. Submit a **\$200.00** non-refundable application-processing fee, made payable to “DOPL,” which includes a \$110.00 fee for a pharmacist license and a \$90.00 fee for a Utah controlled substance license.

ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a pharmacist in the state of Utah. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov. You may also purchase them for a fee from Experior at the address and telephone number below.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Pharmacy Practice Act
- ☐ Pharmacy Practice Act Rules
- ☐ Utah Controlled Substances Act
- ☐ Utah Controlled Substances Act Rules

2. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
3. **Multistate Pharmacy Jurisprudence Examination (MPJE):** All applicants for licensure as a pharmacist must pass the MPJE. Contact Exporior at the address and telephone number above to register for the examination.

NOTE: Test scores will be mailed to the applicant and will not be released by telephone.

4. **NAPLEX Examination:** For registration and fee information, contact Exporior above.

NOTE: Test scores will be mailed to the applicant and will not be released by telephone.

5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
6. **Controlled Substance License/DEA Registration:** You must hold a Utah controlled substance license **and** a DEA registration to practice in Utah.

For DEA registration information, contact the Drug Enforcement Administration, Rock Mountain Division, 115 Inverness Drive East, Englewood CO 80112, 1-800- 326-6900.

7. **Requirements for Internship:** The internship must consist of at least 1,500 hours obtained in Utah and/or in another state or territory of the United States.
 - ❑ Internship hours completed in Utah must include at least 360 hours but not more than 900 hours in a college coordinated practical experience program as an integral part of the curriculum which must include a minimum of 120 hours in: (1) community pharmacy; (2) hospital pharmacy; and (3) another pharmacy setting.
 - ❑ Internship hours completed in another state or territory of the United States will be accepted based on the approval of hours by the state pharmacy board of that jurisdiction.
 - ❑ Evidence of completed internship hours must be documented to the division by the pharmacy intern at the time application is made for a Utah pharmacist license or at the completion of the Utah internship, if not seeking Utah licensure, by the following:
 - (a) Experience obtained by completion of professional experience courses in an accredited pharmacy program must be documented by submitting an "Hours for Professional Experience Courses" form accompanied by an official transcript of credits or other satisfactory evidence showing completion of the professional experience courses.

- (b) Experience obtained under the supervision of an approved preceptor in a practice situation other than that described above must be documented by submitting an “Hours of Pharmacy Practice Experience Obtained at Practice Site” for each approved preceptor/intern relationship under which the intern has worked and a separate Utah “Pharmacy Intern Hours Log” for each approved preceptor/intern relationship and each calendar year.
- (c) Internship hours completed in another state or jurisdiction of the United States must be documented by submitting an official form from the appropriate licensing board attesting to the approval of the internship hours.

8. **Requirements for Licensure by Endorsement:**

- ❑ A passing score on the Multistate Pharmacy Jurisprudence Examination.
- ❑ A current pharmacist license in good standing in another state, territory, or possession of the United States.
- ❑ Graduation from a pharmacy school accredited by the American Council on Pharmaceutical Education or, if your pharmacy education was completed at a foreign pharmacy school, certification of equivalency from the Foreign Pharmacy Graduate Examination Committee of the NABP Foundation.
- ❑ 1,500 hours of approved internship.
- ❑ Passing scores on the examinations required for Utah licensure at the time you became licensed.
- ❑ Lawful practice as a licensed pharmacist for a minimum of 2,000 hours in the 4 years immediately preceding the date of your application to Utah.

9. **Transfer of Pharmaceutical Licensure:** If you are licensed in another jurisdiction of the United States, contact National Association of Boards of Pharmacy (NABP) for a “Preliminary Application For Transfer of Pharmaceutical Licensure” form. Complete and return it to NABP: 700 Busse Highway, Park Ridge, Illinois 60068, USA, (847) 698-6227, www.nabp.org. NOTE: You must also complete this application and return it to the Division with the required fees.

10. **Foreign Pharmacy Graduate Certification Program:** For information concerning the Foreign Pharmacy Graduate Examination Committee Certification Program, contact National Association of Boards of Pharmacy (NABP): 700 Busse Highway, Park Ridge, Illinois 60068, USA, (847) 698-6227, www.nabp.org.

11. **License Renewal:** All pharmacist licenses expire May 31 of each odd-numbered year. Additionally, your controlled substance license will expire at the same time as your pharmacist license and will also need to be renewed.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

12. **Renewal Requirements / Continuing Education:** You are required to complete 24 hours of continuing education in each two-year renewal cycle. Persons licensed during the renewal period are required to complete 1 hour of continuing education for each month they are licensed. A minimum of 8 hours must be live, and a minimum of 6 hours must be in drug therapy or patient management. All 24 hours must be approved by the American Council on Pharmaceutical Education (ACPE), programs accredited by other nationally recognized healthcare accrediting agencies, and educational meetings sponsored by UPHA and USHP.
13. **Updating Address Information:** It is your responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
14. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
15. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

16. **Telephone Numbers:** (801) 530-6628

 (866) ASK-DOPL – Toll-free in Utah
 (866) 275-3675
17. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION:

Licenses Applying For: X Pharmacist

 X Controlled Substance

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender (Male or Female): _____ Date of Birth: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

PHARMACY SCHOOL REQUIREMENT: (Use additional sheets if necessary.)

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: _____

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: _____

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: _____

EXAMINATION REQUIREMENT:

Answer “yes” or “no.”

_____ NAPLEX, Date(s) Taken: _____

_____ MPJE, Date(s) Taken: _____

INTERNSHIP REQUIREMENT:

Answer “yes” or “no.”

_____ I have completed 1500 intern hours approved by the Utah State Board of Pharmacy

_____ I have completed 1500 intern hours approved by another pharmacy licensing board.

LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held in any regulated occupation or profession. (Use additional sheets if necessary.)

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

CONTROLLED SUBSTANCE LICENSE - PROFESSIONAL RESPONSIBILITY:

I have read the Utah Controlled Substances Act and Rules. I understand that I must confine my practice to that which is permitted by law. I also understand that if my request for licensure is granted, disciplinary action may be taken against my license for unlawful or unprofessional conduct.

Signature of Applicant: _____

Date of Signature: _____

PHARMACIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

(Questions continue on following page.)

10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you ever been terminated from a position because of drug use or abuse?
21. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
22. _____ Have you ever used any drugs without a valid prescription, the possession or

(Questions continue on following page.)

distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

23. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
24. _____ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
25. _____ Have you ever been arrested for or charged with a felony in any jurisdiction?
26. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
27. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
28. _____ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
29. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 24, 25, 26, 27, 28, or 29 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____